

**REQUEST FOR DSO PRODUCTS OR SYSTEM ACCESS***Fill Parts 1 - 4 Using Adobe Acrobat READER***PART 1 REQUESTOR INFORMATION**

* Last Name		* First Name		Middle Initial	Suffix
* Employment Contractor      US Military      US Government		Grade / Rank	Job Title		
Department Name		* Organization / Agency Name		Office Symbol	
Street Address					
Street Address (continued)					
City		State	Postal Code	Country (if outside U.S.)	
* NIPRNET E-mail Address			* SIPRNET E-mail Address		
* Commercial Phone Number	DSN Phone Number		Fax Number	Cell Phone Number	
Secure Voice Number	Secure Fax Number		* Cage Code	* ALL Citizenships or Passports Held	
* DKO / AKO (NIPR) User Account Name			* DKO-S / AKO-S (SIPR) User Account Name		

**PART 2 REQUESTED SYSTEMS / PRODUCTS**

\* Names of All DSO Products &amp; Systems Requested (please also include ALL JSC products you currently receive / use)

System Access Requested Classified      Unclassified		Account Privileges Requested Read Privileges      Write Privileges      Administrator Privileges	
* I Have Completed Annual Information Assurance Awareness (IAA) Training			* IAA Training Date:
If you are requesting SPECTRUM XXI software, and it is not available at your location, please check this box. Your SXXI account will not be created until you inform the SXXI Help Desk (COM 410.293.7994, DSN 312.281.7994) that SXXI software is installed.			
* SXXI Training Location		* SXXI Training Date	

**STATEMENT OF ACCOUNTABILITY**

- I will access DSO resources only from platforms meeting DISA security requirements.
- I understand DISA policies and procedures regarding classified data and systems.
- I will submit another SAR within 30 days if any of the above information changes or my account is no longer required.
- All information on this form is accurate to the best of my knowledge.

*\* Digital Signature of Requestor*

PART 3 APPROVAL BY REQUESTOR'S GOVERNMENT SPONSOR / MANAGER				
* Sponsor / Manager Last Name		* Sponsor / Manager First Name		Middle Initial
				Suffix
Sponsor / Manager Job Title		Grade / Rank	* Commercial Phone Number	DSN Phone Number
* Sponsor / Manager NIPRNET E-mail Address			Sponsor / Manager SIPRNET E-mail Address	
If Requestor is a Contractor:	* Requestor's Contract Number		* Requestor's Contract Expiration Date	
* Justification for granting requestor access to JSC products/services				
* I Certify the Requestor Requires Access As Requested			Digital Signature of Sponsor / Manager (Use Acrobat READER)	
PART 4 CLEARANCE VERIFICATION BY REQUESTOR'S SECURITY MANAGER				
* Security Manager Last Name		* Security Manager First Name		Middle Initial
				Suffix
* Security Manager Commercial Phone Number		Security Manager DSN Phone Number		
* Security Manager NIPRNET E-mail Address		Security Manager SIPRNET E-mail Address		
Type of Investigation	Date of Investigation	* Clearance Level	* Digital Signature of Security Manager (Use Acrobat READER)	
IT Level Designation				
Level I                      Level II                      Level III				

PART 5 ACCOUNT PROCESSING BY DSO		Digital Signature of Information Assurance Officer	
System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name
			NIPR (U)                      SIPR (S)
System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name
			NIPR (U)                      SIPR (S)
System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name
			NIPR (U)                      SIPR (S)
System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name
			NIPR (U)                      SIPR (S)
System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name
			NIPR (U)                      SIPR (S)
Additional Notes			